## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10604651

		CLAIMS AS	illed.	PART			SMALL EI	SMALL ENTITY		OTHER TH	
		<del></del>	(Column 1)		(Column 2)		TYPE [			R SMALL ENTITY	
TOTAL CLAIMS			7				RATE	FEE	]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00
TO	TAL CHARGEA	BLE CLAIMS	7 minus 20=		. ~		X\$ 9=		OR	, X\$18=	
IND	EPENDENT CL	AIMS	3 minus 3 =		*		X43=		1	X86=	•
MU	LTIPLE DEPEN	DENT CLAIM PF	ESENT				1	!	OR		<u></u>
* 11	the difference	in column 1 is l	less than ze	ro, enter	"0" in c	olumn 2	+145=		OR	+290=	
	•		MENDED - PART II			oldii ii E	TOTAL .		OR	TOTAL	} 
		(Column 1)	· (Colun		nn 2) (Column 3)		SMALL	SMALL ENTITY		OTHER THAN SMALL ENTITY	
AMENDMENT A		· CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	fit.		= .	X\$ 9=		OR	X\$18=	
AME	Independent	4	Minus	***		5	X43=		OR	X86=	
لنا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+145=				
							TOTAL		OR	+290≔ TOTAL	
	(Column 1) (Column 2) (Column 3)							L	OR	ADDIT. FEE	
		CLAIMS	T	HIGH		(Column 3)	] [		<b>1</b> 1		
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVI PAID	OUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	·	=	X\$ 9=		OR	X\$18=	
¥	Independent		Minus	444		=	X43=		OR	X86=	<del></del>
L_	FIRST PRESE	NTATION OF M	ULTIPLE DEPENDENT		CLAIM		]		Un		
							+145=		OR	+290≃	
	·						TOTAL · ADDIT. FEE		OR	TOTAL ADDIT. FEE	
<b> </b>		(Column 1)		(Colu		(Column 3)					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	IBER OUSLY	PRESENT . EXTRA	RATE	ADDI- TIONAL FEE		ŖATE	ADDI- TIONAL FEE
Ş	Total	A.	Minus	<del>**</del>		=	X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	### .		ε.	X43=			X86≃	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						/40-		OR		<del></del>
	II the entertier and	ema tialess the cit				:	+145=		OR	+290=	•
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR ,	TOTAL	
	'Il the "Highest No	ımber Previously P	aid For IN TH	IS SPACE	is less tha	n 3, enter "1"	AUDIT, I LL L		٠ ,	ODIT. FEE L	